PART B - FEE(S) TRANSMITTAL

APR 172			or <u>Fa</u>] <u>1</u> X (P.O. Box 1450 Alexandria, Virgi (571)-273-2885	inia 22313-1450		
INSTRUCTIONS: This form sould be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate. All an through 5 should be completed where appropriate in through 5 should be completed where appropriate. All an through 5 should be completed where appropriate in throug								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
7590 02/14/2006 Ryan, Mason & Lewis, LLP 90 Forest Avenue Locust Valley, NY 11560					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
04/18/2006 DTESSEM2 00000034 500762 10673703					V. Bencivenni (Depositor's name)			
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA 03 FC:8001 3.00 DA					April 12	Sener Mars	(Signature) (Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/673,703 09/29/2003 Sean Lian						2-21-2	2447	
TITLE OF INVENTION: METHODS AND APPARATUS FOR DETERMINING PAD HEIGHT FOR A WIRE-BONDING OPERATION IN AN INTEGRATED CIRCUIT								
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	05/15/2006	
EXAM	EXAMINER ART UN		IT CLASS-SUBCLASS					
ANDUJAR, LEONARDO		2826	2826		438-617000			
1. Change of correspondence CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Agere Systems Inc. Allentown, PA 18109								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government								
4a. The following fee(s) are	D. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number							
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. \\ \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \] The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.								
Authorized Signature			Date Ar	oril 12, 2006	•			
Typed or printed name						No. 48,956		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.								

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